

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: ID**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: ID**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,252,314 ( 38.69%)

B.Children with special health care needs:

\$ 1,190,207 ( 36.77%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 265,000 ( 8.19%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 3,236,834

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 0

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 2,427,626

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,427,626

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,664,460

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 32,168,428

h. AIDS: \$ 2,058,400

i. CDC: \$ 3,388,935

j. Education: \$ 0

k. Other: \$ 0

Title X \$ 1,682,612

\$ 0

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 39,298,375

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 44,962,835

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: ID**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 3,387,761	\$ 3,362,496	\$ 3,373,170	\$ 2,946,452	\$ 3,373,170	\$ 3,339,400
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,000,000	\$ 1,952,561	\$ 1,800,000	\$ 2,150,382	\$ 2,097,900	\$ 1,865,748
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 1,540,821	\$ 569,311	\$ 729,878	\$ 59,458	\$ 444,728	\$ 638,802
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 5,843,950
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 26,883,255	\$ 30,003,702	\$ 29,753,034	\$ 28,702,858	\$ 27,548,666	\$ 29,494,848
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 32,811,837	\$ 35,888,070	\$ 35,656,082	\$ 33,859,150	\$ 33,464,464	\$ 35,338,798
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: ID**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 3,373,169	\$ 3,669,024	\$ 3,228,247	\$	\$ 3,236,834	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 2,150,381	\$ 2,751,768	\$ 1,865,749	\$	\$ 0	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 379,496	\$ 0	\$ 555,437	\$	\$ 2,427,626	\$
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 0	\$ 5,664,460	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 31,066,470	\$ 35,923,346	\$ 29,494,848	\$	\$ 39,298,375	\$
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 36,969,516	\$ 42,344,138	\$ 35,144,281	\$ 0	\$ 44,962,835	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
We had more money than anticipated in Phase 07
2. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
A significantly larger portion of state funds was put towards immunization efforts in Idaho than was originally budgeted.
3. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Staff vacancies in Oral Health and Children's Special Health programs.
4. **Section Number:** Form3\_Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Actual state amount was \$4,104,964 which exceeds the required 75% match.
5. **Section Number:** Form3\_Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Funding changes within the Immunization Program required an increase of \$175,000 match from the Local Agencies. The state also contributed \$175,000 toward the shortfall.
6. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Increased amounts in immunizations and AIDS.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: ID**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 436,249	\$ 367,331	\$ 381,837	\$ 315,162	\$ 381,837	\$ 327,341
b. Infants < 1 year old	\$ 1,090,307	\$ 1,443,244	\$ 1,421,096	\$ 1,228,813	\$ 1,427,557	\$ 1,380,025
c. Children 1 to 22 years old	\$ 1,953,696	\$ 2,222,920	\$ 2,044,780	\$ 1,952,531	\$ 2,027,431	\$ 2,215,348
d. Children with Special Healthcare Needs	\$ 1,540,665	\$ 1,212,485	\$ 1,422,657	\$ 1,066,417	\$ 1,446,295	\$ 1,349,911
e. Others	\$ 568,889	\$ 320,811	\$ 295,361	\$ 245,922	\$ 295,361	\$ 310,767
f. Administration	\$ 338,776	\$ 317,577	\$ 337,317	\$ 347,447	\$ 337,317	\$ 260,558
g. SUBTOTAL	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 5,843,950
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 17,744,363		\$ 21,244,235		\$ 21,244,235	
h. AIDS	\$ 2,081,601		\$ 1,888,722		\$ 1,861,210	
i. CDC	\$ 0		\$ 0		\$ 4,443,221	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ACF - TANF	\$ 1,100,000		\$ 1,400,000		\$ 0	
CDC - Immunization	\$ 1,767,802		\$ 1,638,571		\$ 0	
CDC - STD	\$ 431,229		\$ 428,685		\$ 0	
CDC - WHC	\$ 2,244,190		\$ 1,523,132		\$ 0	
PHS - Title X	\$ 1,514,070		\$ 1,629,689		\$ 0	
<b>III. SUBTOTAL</b>	\$ 26,883,255		\$ 29,753,034		\$ 27,548,666	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: ID**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 309,390	\$ 291,671	\$ 264,025		\$ 261,759	
b. Infants < 1 year old	\$ 1,588,918	\$ 1,737,798	\$ 1,448,425		\$ 1,401,870	
c. Children 1 to 22 years old	\$ 2,126,467	\$ 2,367,535	\$ 2,148,148		\$ 2,247,972	
d. Children with Special Healthcare Needs	\$ 1,416,012	\$ 1,473,330	\$ 1,205,710		\$ 1,217,759	
e. Others	\$ 155,607	\$ 267,715	\$ 260,300		\$ 270,100	
f. Administration	\$ 306,652	\$ 282,743	\$ 322,825		\$ 265,000	
g. SUBTOTAL	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 0	\$ 5,664,460	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 21,840,070		\$ 22,231,985		\$ 32,168,428	
h. AIDS	\$ 3,412,600		\$ 1,607,806		\$ 2,058,400	
i. CDC	\$ 0		\$ 3,972,445		\$ 3,388,935	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Title X	\$ 0		\$ 1,682,612		\$ 1,682,612	
CDC - Immunization	\$ 2,007,900		\$ 0		\$ 0	
CDC - STD	\$ 328,269		\$ 0		\$ 0	
CDC - WHC	\$ 1,783,600		\$ 0		\$ 0	
PHS - Title X	\$ 1,694,031		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 31,066,470		\$ 29,494,848		\$ 39,298,375	



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
We changed the contract year from the state fiscal year to the federal fiscal year, which means we had an extra quarter of expenses.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Most of this cost was in reproductive health. We did a lot of outreach to teens and developed a couple of websites aimed at youth.
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Most of this cost was in reproductive health. We did a lot of outreach to teens and developed a couple of websites aimed at youth.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Bureau Chief salary went to General Funds.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: ID**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,837,651	\$ 1,845,726	\$ 2,026,502	\$ 1,533,194	\$ 2,009,502	\$ 1,972,850
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,887,000	\$ 32,529	\$ 53,000	\$ 31,092	\$ 64,112	\$ 48,016
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 362,000	\$ 3,061,537	\$ 2,881,878	\$ 2,712,722	\$ 2,918,928	\$ 3,074,040
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 841,931	\$ 944,576	\$ 941,668	\$ 879,284	\$ 923,256	\$ 749,044
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,928,582	\$ 5,884,368	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 5,843,950

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: ID**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,664,893	\$ 1,998,408	\$ 1,690,083	\$	\$ 1,748,690	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 49,630	\$ 59,137	\$ 31,700	\$	\$ 46,620	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,337,922	\$ 3,652,197	\$ 3,034,304	\$	\$ 2,985,505	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 850,601	\$ 711,050	\$ 893,346	\$	\$ 883,645	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,903,046	\$ 6,420,792	\$ 5,649,433	\$ 0	\$ 5,664,460	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
We had been behind by 9 months or more in paying invoices for our Children's Special Healthcare Program clinics. We made great headway in resolving this.
2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
We had been behind by 9 months or more in paying invoices for our Children's Special Healthcare Program clinics. We made great headway in resolving this.
3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Completed the Breastfeeding Friendly Employer project, and it came in under budget.
4. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Due to paying overdue invoices in direct and enabling services, less was spent on infrastructure.
5. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
CSHP program had vacancies in two professional positions which resulted in savings from projects not moving forward at expected rate.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: ID						
Total Births by Occurrence: 24,676				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	24,549	99.5	12	2	2	100
Congenital Hypothyroidism	24,549	99.5	226	12	12	100
Galactosemia	24,549	99.5	15	1	1	100
Sickle Cell Disease	24,549	99.5	0	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

- Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
The system is requiring me to put a note in here since it thinks the zero in column B is smaller than the zero in column C.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: ID**

**Reporting Year: 2008**

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,863	32.9	2.1	6.1	57.8	1.1
Infants < 1 year old	24,522	29.7	1.9	55.7	11.7	1.0
Children 1 to 22 years old	72,800	31.0	2.0	56.0	11.0	0.0
Children with Special Healthcare Needs	441	30.2	1.9	51.8	16.1	0.0
Others	58,581					
<b>TOTAL</b>	<b>159,207</b>					

## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**

Several sources were used to estimate this number. Determining percentages of the total is not possible. Included in this number are males seeking family planning services, as well as genetics and metabolics clinics which are not included in Idahos Children with Special Health Care (CSHCN) numbers due to the way the program is structured.



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: ID**

Reporting Year: 2008

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	25,023	22,145	113	342	319	39	402	1,663
Title V Served	24,523	21,702	111	335	313	38	394	1,630
Eligible for Title XIX	7,633	6,492	63	182	47	18	183	648
<b>INFANTS</b>								
Total Infants in State	24,352	22,935	594	385	438	0	0	0
Title V Served	23,864	22,476	582	377	429	0	0	0
Eligible for Title XIX	7,325	6,724	331	205	65	0	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	21,064	3,864	95	0	0	0	0	3,864
Title V Served	20,643	3,787	93	0	0	0	0	3,787
Eligible for Title XIX	6,187	1,410	36	0	0	0	0	1,410
<b>INFANTS</b>								
Total Infants in State	20,474	3,878	0	0	0	0	0	3,878
Title V Served	20,065	3,800	0	0	0	0	0	3,800
Eligible for Title XIX	6,014	1,415	0	0	0	0	0	1,415

## FORM NOTES FOR FORM 8

Birth records for 2008 not finalized as of entry date 2007 Final births used.

Census files used for population estimate for infants for 2008 not available at entry date, 2007 used as most recent available. The census file used has Asian and NHOPI combined, so birth records are combined to match.

### FIELD LEVEL NOTES

- 1. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Birth records for 2008 not finalized as of date of entry
- 2. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Number of title V served is estimated from the total number of deliveries. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
- 3. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Based on preliminary count of all deliveries occurring in Idaho in 2008, regardless of mother's residence where Medicaid was indicated as principal source of payment for delivery on birth certificate.  
  
There were 895 births that Medicaid status was unknown.
- 4. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_Hawaiian  
**Row Name:** Total Infants in State  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
NHOPI included in Asian
- 5. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_More  
**Row Name:** Total Infants in State  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
Census files used for population estimate to no include more than one race.
- 6. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_RaceOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Census files used for population estimate do not include other or unknown race.
- 7. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Number determined by applying rate for 2007 deliveries to population estimate.
- 8. Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Number of title V served is estimated from the total number of deliveries. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
- 9. Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Based on preliminary count of all deliveries occurring in Idaho in 2008, regardless of mother's residence where Medicaid was indicated as principal source of payment for delivery on birth certificate.  
  
There were 895 births that Medicaid status was unknown.
- 10. Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Number determined by applying rate for 2007 deliveries to population estimate.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: ID**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>211 or 1-800-926-2588</u>	<u>211 or 1-800-926-2588</u>	<u>211 or 800-926-2588</u>	<u>211 or 800 926-2588</u>	<u>211 or 800 926-2588</u>
2. State MCH Toll-Free "Hotline" Name	Idaho Careline	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine
3. Name of Contact Person for State MCH "Hotline"	<u>Nina Dillon</u>	<u>Nina Dillon</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>	<u>Patricia Williams</u>
4. Contact Person's Telephone Number	<u>208-287-1020</u>	<u>208-287-1020</u>	<u>208-287-1020</u>	<u>208 287-1020</u>	<u>208 287-1020</u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>56,976</u>	<u>12,321</u>	<u>13,013</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: ID**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2008

**Field Note:**

CareLine now serves a referral source for child care. In addition to counting all of the child care calls, we more thoroughly reviewed the service categories that serve MCH needs to include calls pertaining to abuse and neglect, adoption, disabilities in children < 3 years of age, foster care, immunizations and Medicaid for those , 19 years of age, and others.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: ID**

1. State MCH Administration:  
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Division of Health, Idaho Department of Health and Welfare administers the Title V MCH Block Grant. The programs supervised by the MCH Director include: Children's Special Health Program, Family Planning (Title X), STD/HIV, Immunization Program, and WIC. Title V also funds programs and/or staff in the Bureau of Community and Environmental Health, the Bureau of Vital Records and Health Statistics, and the Office of Epidemiology and Food Protection.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,236,834
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 2,427,626
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 5,664,460</b>

9. Most significant providers receiving MCH funds:

7 Public Health Districts  
St. Luke's Children's Hospital  
Physicians from Oregon Health Sciences University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,863
b. Infants < 1 year old	24,522
c. Children 1 to 22 years old	72,800
d. CSHCN	441
e. Others	58,581

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

The Children's Special Health Program has a positive working relationship with St. Luke's Children's Hospital, as well as the Shriner's Hospital in Salt Lake City, UT and Spokane, WA for the referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide Board Certified genetics and metabolic specialists to staff clinics and provide counseling to Idaho clients.

b. Population-Based Services:

(max 2500 characters)

The WIC / Immunization Linkage is a collaboration between the two programs on a statewide basis in which WIC clients 0-24 months of age are screened for immunization status and those not up-to-date are referred to their health care provider or the District clinic.

c. Infrastructure Building Services:

(max 2500 characters)

The web enabled CSHP has greatly improved services and data collection. The transfer of Genetics Clinics to St. Luke's Children's Hospital through contract has improved the efficiency and delivery of these services to clients.

12. The primary Title V Program contact person:

Name	Dieuwke A. Spencer, RN, MHS
Title	Chief, Bureau of Clinical & Preventive Services
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	(208) 334-5930
Fax	(208) 332-7362
Email	spencerd@dhw.idaho.gov

13. The children with special health care needs (CSHCN) contact person:

Name	Mitch Scoggins, MPH
Title	Manager, Children's Special Health Program
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	(208) 334-5962
Fax	(208) 334-4946
Email	scogginm@dhw.idaho.gov

Web

Web

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: ID**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	16	28	17	31	30
Denominator	16	28	17	31	30
Data Source					Idaho Newborn Screening Program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None



**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	60	60	53
Annual Indicator	57.2	57.2	57.2	52.7	52.7
Numerator					
Denominator					
Data Source					National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	53	53	53	53	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

This number is from the 2005-2006 CSHCN Survey

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	52	52	52	52	52
Annual Indicator	49.1	49.1	48.8	47.7	47.7
Numerator					
Denominator					
Data Source					National Survey of CSHCNs 2005-2006
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>52</u>	<u>52</u>	<u>52</u>	<u>52</u>	<u>52</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

From the 2005-2006 CSHCN Survey.

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	60	60	60
Annual Indicator	53.3	53.3	53.3	56.9	56.9
Numerator					
Denominator					
Data Source					National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

From the 2005-2006 CSHCN Survey.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	80	86
Annual Indicator	75.2	75.2	75.2	86	86
Numerator					
Denominator					
Data Source					National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	86	86	86	86	86
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

From the 2005-2006 CSHCN Survey.

Last year this indicator was mistakenly reported as 85.9

2. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. **Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	46
Annual Indicator	5.8	5.8	1	45.8	45.8
Numerator					
Denominator					
Data Source					National Survey of CSHCNs 2005-2006
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

From the 2005-2006 CSHCN Survey.

2. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. Prior years reported the national measure rather than Idaho's measure.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	80	81	82	83	83
<b>Annual Indicator</b>	80.8	78.1	77.8	75.8	75.8
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					NIS 2007
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	83	83	83	83	83
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

NIS data for CY2008 is not available until August, 2009. 2007 value used as estimate for 2008,

Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

NIS data for CY2007 is not available until August, 2008. 2006 value used as estimate for 2007,

Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

NIS data for CY2006 is not available until August, 2007

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	14	13	15	17.8
Annual Indicator	16.8	16.8	17.9	19.0	19.0
Numerator	525	532	597	626	626
Denominator	31,340	31,738	33,264	32,974	32,974
Data Source					Estimate from prior year
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	17.7	17.6	17.5	17.4	17.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

Population not available until July 2009. Used population estimate from 2007 as estimated denominator

**2. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2007**Field Note:**

Population not available until July 2008. Used population estimate from 2006 as estimated denominator

**3. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2006**Field Note:**

Population not available until July 2007. Used population estimate from 2005 as estimated denominator

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	62	64	66	60	60.5
Annual Indicator	50.1	55.7	55.7	55.7	55.7
Numerator	370	10,315			
Denominator	739	18,527			
Data Source					Smile Survey 2005

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	60.6	60.7	60.8	60.8	60.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

SMILES survey used to estimate will not conclude until June 2009. 2005-06 rate used as latest available estimate.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

SMILES survey used to estimate not conducted in 2007. 2005 rate used as latest available estimate.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

SMILES survey used to estimate not conducted in 2006. 2005 rate used as estimate.



**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.5	4	4	4	5.5
Annual Indicator	5.5	5.8	4.0	7.7	2.9
Numerator	17	18	13	26	10
Denominator	308,270	308,945	325,906	339,358	339,358
Data Source					Dept of Transportation
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the reasons above, explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.5	5.5	5.5	5.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Death count preliminary total from Idaho Dept of Transportation for 2008. IDT records usually reflect deaths at the scene of an accident and therefore will be lower than subsequent death certificate data.

Population count for 2008 not available until July 2009, 2007 population estimate used as estimate.

2. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Death count preliminary total from ISP for 2007

Population count for 2007 not available until July 2008, 2006 population estimate used as estimate.

3. **Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Death count preliminary total from ISP for 2006

Population count for 2006 not available until July 2006, 2005 population estimate used as estimate.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			50	51	51.5
Annual Indicator		49.8	50.5	54	50.5
Numerator					
Denominator					
Data Source					PRATS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	52	52.1	52.2	52.2	52.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	98.8
Annual Indicator	94.2	94.6	98.4	96.7	97.9
Numerator			22,302		
Denominator			22,657		
Data Source					PRATS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	98.8	98.8	98.8	98.8	98.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data. Rate is among those children who had their hearing tested at all.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

3. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Responses indicating that the baby was tested after hospital discharge or that the baby was not born at a hospital but was tested were not included in the denominator.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	12	12	12	11.2	12.5
Annual Indicator	13	13.0	11.4	13.0	11.0
Numerator		19,177	44,995	52,135	45,621
Denominator		147,366	394,435	401,854	414,662
Data Source					Current Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	12.4	12.3	12.3	12.3	12.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2007

[http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Objectives in future years may be higher than current performance. The data source tends to have swings from year to year due to nature of the survey.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2007

[http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2006

[http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			26	31	31
Annual Indicator		28.9	32.1	31.2	31.3
Numerator		5,240	5,807	5,894	6,762
Denominator		18,137	18,113	18,862	21,581
Data Source					State WIC Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	30.9	30.8	30.7	30.6	30.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Based on PedNSS data avail as of 1/17/2009

2. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Based on PedNSS data avail as of 1/17/2008

3. **Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Based on PedNSS data avail as of 1/16/2007

Changes in unit conversion measures and BMI comparison data from 2005 reduce comparability with previous data. Using method for 2006 data values for previous years would be:

2002 29.0 percent

2003 28.2 percent

2004 29.4 percent

2005 31.3 percent

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			8	8	8.5
Annual Indicator			9.4	9.0	8.7
Numerator			2,258	2,255	2,144
Denominator			24,112	24,972	24,642
Data Source					Birth certificate

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8.5	8.4	8.4	8.3	8.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status, births to Idaho women.

2. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

3. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	13	12	11	8.5	11
Annual Indicator	13.8	9.1	11.7	18.9	18.9
Numerator	15	10	13	21	21
Denominator	108,840	109,731	110,742	110,959	110,959

**Data Source**

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	10.9	10.9	10.9	10.9	10.9

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death records have not been finalized, 2007 deaths have been used as best estimate.

2008 population by age not available at time of entry, 2007 used as best estimate.

**2. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death records have not been finalized, 2006 deaths have been used as best estimate.

2007 population by age not available at time of entry, 2006 used as best estimate.

**3. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not all death records for 2006 have been received.

2005 population data is used as estimate for 2006.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	75	75	75	75	75
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source					No reliable data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Form11\_Performance Measure #17

**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

- 2.
- Section Number:**
- Form11\_Performance Measure #17

**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

- 3.
- Section Number:**
- Form11\_Performance Measure #17

**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	84	85	86	78	73
<b>Annual Indicator</b>	71.9	71.4	71.7	71.7	69.6
<b>Numerator</b>	15,455	15,889	16,772	17,399	16,902
<b>Denominator</b>	21,502	22,245	23,391	24,263	24,294

**Data Source**

Birth certificate

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	73.2	73.2	73.2	73.2	73.2

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record

The PRATS survey has a self-reported rate of 86.5% among responses to the survey.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

**STATE PERFORMANCE MEASURE # 1**

Percent of mothers who were screened for post partum depression within three months following delivery.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			75	75	80
Annual Indicator	99	99	99	99	99
Numerator					
Denominator					
Data Source					No reliable data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

No screening data is available at this time. 99 has been entered to save form.

From the 2007 Idaho PRATS survey 57.0% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

No screening data is available at this time. 99 has been entered to save form.

From the 2006 Idaho PRATS survey 55.4% of women self-report they were "a little depressed," "moderately depressed," or "very depressed" during the 3 months following delivery. This is not entered on the form as it is not the result of any form of clinical screening and the time period does not match that of the measure.

PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

No screening data is available at this time. Questions for the PRATS survey are being developed to capture this data. 99 has been entered to save form.

**STATE PERFORMANCE MEASURE # 2**

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			75	75.2	75.4
Annual Indicator		70.5	67.4	66.4	71.7
Numerator		16,834	16,430	17,301	19,373
Denominator		23,865	24,390	26,045	27,037
Data Source					Health and Welfare report HWMF_0096
Is the Data Provisional or Final?				Final	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	75.6	75.8	76	76	76
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

**STATE PERFORMANCE MEASURE # 3**

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				36.5	36
Annual Indicator	38.5	39	39	42	42
Numerator					
Denominator					
Data Source					YRBS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	35.5	35	34.5	34.5	34.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Most recent data available

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS Survey not conducted in 2006

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006  
used as estimate for 2006

Numerator and denominator not available

**STATE PERFORMANCE MEASURE # 4**

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			21	21	21
Annual Indicator	17.8	21.4	21.4	26.1	26.1
Numerator					
Denominator					
Data Source					YRBS
Is the Data Provisional or Final?				Final	Provisional

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Based on 2007 YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS not conducted in 2006, 2005 results used as estimate for 2006.

Based on YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

**STATE PERFORMANCE MEASURE # 5**

Percent of pregnant women who received dental care during pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			50	45	45.1
Annual Indicator	39.3	43.6	43.6	43.4	45.5
Numerator					
Denominator					
Data Source					PRATS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	45.3	45.5	45.5	45.7	45.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data source is 2007 Idaho PRATS survey. Data for 2008 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data source is 2006 Idaho PRATS survey. Data for 2007 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

Responses with unknown data were not included in the denominator.

**STATE PERFORMANCE MEASURE # 6**

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			90	90	90
Annual Indicator		80	65	62.5	83.6
Numerator				210	734
Denominator				336	878
Data Source					Provider assessments
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is an estimate from provider visit assessments

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

The rate is calculated from provider assessments.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

#SP6 Notes – 2005

Data is an estimate from IRIS data.

Notes – 2006

Data is an estimate from provider visit assessments

**STATE PERFORMANCE MEASURE # 7**

Percent of 9th – 12th grade students that are overweight.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	7.2	7	7	11	11
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					YRBS
Is the Data Provisional or Final?				Final	Provisional
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

2007 Data entered as most recent available.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS Survey in 2007

Results from: RESULTS OF THE 2007 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2006 SCHOOL HEALTH EDUCATION PROFILE, November 2007

Numerator and denominator not available

Objective rates are set at 0 because of an error at some time in the past an we are unable to adjust to more realistic objectives due to entry constraints imposed by the entry form.

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS not conducted in 2006

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006

used as estimate for 2006

Numerator and denominator not available



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: ID**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7	7	6	6	6
Annual Indicator	6.2	6.2	6.8	6.8	6.8
Numerator	139	142	164	169	169
Denominator	22,529	23,064	24,185	25,023	25,023
Data Source					Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Death records for 2006 have not been finalized, 2006 used as best estimate for 2007.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	0	2	2	2	2
Annual Indicator	1.6				
Numerator	9.9				
Denominator	6.1				

Data Source

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

Three average number of black infant deaths (2005 -2007) 2.7 per year.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Death records for 2006 have not been finalized, 2006 used as best estimate for 2007.

**3. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

Four total deaths to black infants for 2006, previous 2 years one each.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	4.5	3.9	3.9	3.9	3.9
Annual Indicator	4.0	4.0	4.6	4.5	4.5
Numerator	89	93	112	113	113
Denominator	22,529	23,064	24,185	25,023	25,023

Data Source

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

**2. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Death records for 2007 not final as of entry, 2006 used as best estimate.

**3. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2.5	2.5	2	2
Annual Indicator	2.2	2.1	2.2	2.2	2.2
Numerator	50	49	52	56	56
Denominator	22,529	23,064	24,185	25,023	25,023

**Data Source**

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

**2. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 death records not finalized at entry, 2006 used as best estimate.

**3. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	9.4	9.3	9	9	9
Annual Indicator	9.1	9.4	8.3	8.8	8.8
Numerator	206	217	201	221	221
Denominator	22,654	23,198	24,293	25,153	25,153

Data Source

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8.8	8.8	8.8	8.7	8.7

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

2. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death records not finalized as of entry, 2006 used as best estimate.

3. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	27.9	27.8	25	25	25
Annual Indicator	26.5	22.7	26.4	21.9	21.9
Numerator	76	65	80	69	69
Denominator	287,238	286,898	302,875	315,006	315,006
Data Source					Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Death records for 2008 have not been finalized, 2007 used as best estimate for 2008.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death records not finalized as of entry, 2006 used as best estimate.

**3. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: ID**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 9

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

1. **Section Number:** Form13\_Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Two family members were able to participate in the Western States Genetics Collaborative annual meeting, funded by the Collaborative.
2. **Section Number:** Form13\_Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
CSHP's presence on IPUL's advisory panel, and letter of support for their grant application. Financial support for Idaho Families of Adults with Disabilities, for printing costs.
3. **Section Number:** Form13\_Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
In addition to the grant being posted to Health and Welfare's website, we notify Idaho Parents Unlimited (IPUL) about the posting. IPUL is an NGO serving children with special healthcare needs in Idaho, and routinely communicates with over 10,000 families.
4. **Section Number:** Form13\_Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
As always, program staff have interactions with families through participation in a number of advisory boards and councils.  
  
This year, starting July 1 2009, CSHP ended a contract with a medical provider to provide Care Coordination services to CSHP's CSHCNs. A staff RN is now doing Care Coordination which means that CSHP staff spend time on the phone everyday working through issues for families with CSHCNs.
5. **Section Number:** Form13\_Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Since CSHP primarily serves children without other health insurance, CSHP's population is more weighted with minorities than is the population of Idaho as a whole. Since CSHP staff are now doing Care Coordination for our patients, we have strong input from members of diverse cultures.



**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: ID FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant Women and Children: Increase awareness of Medicaid programs for pregnant women and children across provider and community networks.
2. Perinatal Depression: Identify screening tools and work with state professional groups and the regional perinatal coalitions to develop mechanisms to assure appropriate use of the tools and availability of referral resources for perinatal depression.
3. EPSDT screenings: Develop strategies to assure that EPSDT screenings and follow up are occurring as appropriate for all infants, children and adolescents.
4. Adolescents: Assess the adolescent population risk behaviors and design interventions to target this population with input from teenagers and parents of targeted groups.
5. CSHCN: Strengthen the existing care coordination system and access to specialty care to address the complex care needs of all CSHCN.
6. Cultural Competency: Improve cultural competency across all programs that work with the Maternal and Child Health population.
7. Dental Health: Increase the awareness of the need for dental care during pregnancy and increase the number of women who seek dental care during pregnancy.
8. Health Education: Strengthen health education in the public schools, including developing strategies to assure that school health educators receive up to date training on health topics.
9. Systems Development: Develop and strengthen existing system collaboration efforts that focus on defined outcomes for the MCH population.
10. Overweight and obesity: Develop and implement strategies to reduce the problem of overweight and obesity among school age children.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: ID

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Assistance with the 5 Year Needs Assessment may be sought.	We have decreased staff and less available funding than 5 years ago.	Unkown at this time. Should have a better idea after Region X meeting in August 2009.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: ID**

SP # 1

**PERFORMANCE MEASURE:**

Percent of mothers who were screened for post partum depression within three months following delivery.

**STATUS:**

Active

**GOAL**

To increase the number of pregnant women who either are depressed or are at risk for depression that are identified and referred for help.

**DEFINITION**

Percent of mothers screened.

**Numerator:**

Number of new mothers who were screened for depression within one month following delivery.

**Denominator:**

Number of new mothers who were surveyed.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho's Pregnancy Risk Assessment Tracking System

**SIGNIFICANCE**

In 2001, 40.2% of mothers reported mild depression sometime during the first 3 months following delivery of their child. 14.8% reported moderate depression and 6.0% reported being very depressed. Postpartum depression disorders occur in as many as 85% of women. These may range from baby blues to severe depression in up to 15% of these women. Postpartum depression usually presents 2-3 weeks following delivery, but signs may occur during pregnancy, as early as 28 weeks. A concern is that the patient's care provider may not acknowledge that she has a problem and some physicians still do not believe perinatal depression exists. Currently there is a lack of health care providers to address the mental health needs of pregnant women and those suffering from postpartum depression. Work needs to be done to establish a referral network so that when a provider identifies a patient they have someone to send the woman to for help.

SP # 2

**PERFORMANCE MEASURE:**

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

**STATUS:**

Active

**GOAL**

To improve the health of children who may be at high risk for poor health.

**DEFINITION**

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

**Numerator:**

Number of Medicaid and SCHIP 1 and 2 year old children that received the expected number of EPSDT screens.

**Denominator:**

Number of Medicaid and SCHIP 1 and 2 year old children that are eligible for EPSDT screening.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho Medicaid

**SIGNIFICANCE**

Children of families who are lower income tend to be at higher risk for health issues resulting from various factors such as poor nutrition. EPSDT screening is method for early identification and intervention for these children.

SP # 3

**PERFORMANCE MEASURE:**

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

**STATUS:**

Active

**GOAL**

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

**DEFINITION**

**Numerator:**

Number of 9th – 12th grade students who had sexual intercourse

**Denominator:**

Number of 9th – 12th grade students surveyed

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Behavioral Risk Factor Survey.

**SIGNIFICANCE**

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.



SP # 4

**PERFORMANCE MEASURE:**

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

**STATUS:**

Active

**GOAL**

To reduce the number of teens that try tobacco for the first time and prevent ongoing use.

**DEFINITION**

**Numerator:**

Number of 9th – 12th grade students who used any type of tobacco in the past 30 days

**Denominator:**

Number of 9th – 12th grade students Surveyed

**Units:**    **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

27-2b.

Reduce cigarette smoking by adolescents to 10%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Risk Behavior Surveillance system.

**SIGNIFICANCE**

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year. In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Adolescent rates of cigarette smoking have increased in the 1990s among white, African American, and Hispanic high school students after years of declining rates during the 1970s and 1980s. In 1999, 39 percent of white high school students currently smoked cigarettes compared with 33 percent for Hispanics and 20 percent for African Americans. Among African Americans in 1999, only 19 percent of high school girls, compared with 22 percent of boys, currently smoked cigarettes. According to the 2003 Idaho YRBSS, 17.8% of 9-12 graders reported using tobacco products within the last 30 days.

SP # 5

**PERFORMANCE MEASURE:**

Percent of pregnant women who received dental care during pregnancy.

**STATUS:**

Active

**GOAL**

To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

**DEFINITION**

**Numerator:**

Number of pregnant women who received dental care.

**Denominator:**

Number of women surveyed.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Idaho's Pregnancy Risk Assessment Tracking System.

**SIGNIFICANCE**

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

SP # <u>6</u>	
<b>PERFORMANCE MEASURE:</b>	Percent of Medicaid and SCHIP children who are fully immunized by age 2.
<b>STATUS:</b>	Active
<b>GOAL</b>	To improve immunization status of children in the state and protect them from vaccine preventable diseases.
<b>DEFINITION</b>	<p><b>Numerator:</b> Number of Medicaid and SCHIP children who are fully immunized by age 2.</p> <p><b>Denominator:</b> Number of Medicaid and SCHIP children enrolled that are two years of age.</p> <p><b>Units:</b> 100    <b>Text:</b> 1</p>
<b>HEALTHY PEOPLE 2010 OBJECTIVE</b>	<p>14-24a. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.</p> <p>For the 4:3:1:3:3 series the HP2010 goal is 80% for children 19-35 months of age.</p>
<b>DATA SOURCES AND DATA ISSUES</b>	Medicaid and Immunization Program data
<b>SIGNIFICANCE</b>	Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Idaho GPRA surveys over the past 4 years has shown lower immunization rates among children enrolled in Medicaid when compared to the statewide average among all children. By targeting our Medicaid population we focusing efforts on the highest risk population for health disparities.

SP # 7

**PERFORMANCE MEASURE:**

Percent of 9th – 12th grade students that are overweight.

**STATUS:**

Active

**GOAL**

Reduce the number of school age children who are overweight or obese.

**DEFINITION**

**Numerator:**

Number of 9th – 12th grade students overweight.

**Denominator:**

Number of 9th – 12th grade students surveyed.

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

**DATA SOURCES AND DATA ISSUES**

Idaho Youth Risk Behavior Surveillance System.

**SIGNIFICANCE**

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

## FORM NOTES FOR FORM 16

Idaho met the Healthy People 2010 objective of 21% in 2005. The program objective is currently 14%. The Idaho YRBS is conducted in odd number years in the spring, with data available in the late fall / early winter.

### FIELD LEVEL NOTES

1. **Section Number:** Form16\_State Performance Measure 7

**Field Name:** SPM7

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The Idaho Physical Activity and Nutrition Program does not have an objective specifically for this narrow population. This YRBS measure is used as a proxy for the impact of programming targeting adolescents in general.

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: ID**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	28.0	20.0	18.3	16.0	17.0
Numerator	153	111	100	91	100
Denominator	54,629	55,482	54,564	56,950	58,730

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.
- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.
- Section Number:** Form17\_Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>72.6</u>	<u>70.5</u>	<u>68.9</u>	<u>69.0</u>	<u>74.4</u>
<b>Numerator</b>	<u>16,985</u>	<u>16,834</u>	<u>15,798</u>	<u>16,145</u>	<u>18,177</u>
<b>Denominator</b>	<u>23,406</u>	<u>23,865</u>	<u>22,930</u>	<u>23,393</u>	<u>24,439</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Final

**Field Level Notes**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>42.0</u>	<u>38.7</u>	<u>43.3</u>	<u>43.6</u>	<u>46.0</u>
<b>Numerator</b>	<u>235</u>	<u>222</u>	<u>632</u>	<u>1,156</u>	<u>1,196</u>
<b>Denominator</b>	<u>559</u>	<u>574</u>	<u>1,460</u>	<u>2,652</u>	<u>2,598</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Medicaid

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Medicaid

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Medicaid



**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>74.2</u>	<u>74.2</u>	<u>74.0</u>	<u>72.7</u>	<u>72.2</u>
<b>Numerator</b>	<u>15,814</u>	<u>16,421</u>	<u>17,230</u>	<u>17,575</u>	<u>17,462</u>
<b>Denominator</b>	<u>21,314</u>	<u>22,142</u>	<u>23,296</u>	<u>24,172</u>	<u>24,180</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2008 not finalized as of date of entry.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

Birth records for 2007 not finalized as of date of entry.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
<b>Annual Indicator</b>	<u>92.5</u>	<u>87.1</u>	<u>88.6</u>	<u>86.2</u>	<u>84.9</u>
<b>Numerator</b>	<u>150,105</u>	<u>128,422</u>	<u>124,117</u>	<u>125,596</u>	<u>122,481</u>
<b>Denominator</b>	<u>162,240</u>	<u>147,366</u>	<u>140,163</u>	<u>145,682</u>	<u>144,221</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- 1.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Values reflect numbers of children aged &lt;=19.

- 2.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values reflect numbers of children aged &lt;=19.

- 3.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values reflect numbers of children aged &lt;=19.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>49.2</u>	<u>51.0</u>	<u>55.5</u>	<u>43.3</u>	<u>8.3</u>
<b>Numerator</b>	<u>16,759</u>	<u>15,345</u>	<u>19,392</u>	<u>17,821</u>	<u>3,405</u>
<b>Denominator</b>	<u>34,068</u>	<u>30,069</u>	<u>34,939</u>	<u>41,156</u>	<u>41,120</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,949</u>	<u>3,244</u>	<u>1,194</u>	<u>1,261</u>	<u>4,098</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

As was reported in previous years, children who qualify for SSI in Idaho are automatically eligible for Medicaid. Since the Children's Special Health Program only serves children without insurance, this means the numerator remains at zero each year.

- Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. That is the payment source, rather than Title V, for all rehabilitative services needed.

Incidence data from SSA via Health & Ready to Work website:

[www.hrtw.org](http://www.hrtw.org)

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: ID**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2008	Payment source from birth certificate	<u>7.9</u>	<u>5.6</u>	<u>6.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Other	<u>7.5</u>	<u>5.5</u>	<u>6.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>57.9</u>	<u>75.7</u>	<u>69.6</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>63.9</u>	<u>76.7</u>	<u>72.2</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: ID**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)</b>
a) <i>Infants (0 to 1)</i>	2008	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>16</u> ) (Age range <u>17</u> to <u>19</u> )	2008	<u>133</u> <u>100</u> <u>100</u>
c) <i>Pregnant Women</i>	2008	<u>133</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: ID**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>16</u> ) (Age range <u>17</u> to <u>19</u> )	2008	<u>185</u> <u>185</u> <u>185</u>
c) <i>Pregnant Women</i>	2008	<u>500</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Pregnant women are not covered by SCHIP in Idaho unless the woman qualifies as a child. 500% entered because the form requires a value in the range 100-500.
2. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Birth records for 2008 not finalized as of date of entry
3. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Death records for 2008 not finalized as of date of entry
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Birth records for 2008 not finalized as of date of entry
5. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Birth records for 2008 not finalized as of date of entry

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: ID**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.



**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: ID**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Form19\_Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth certificates and WIC eligibility files  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
An initial trial of WIC and birth certificates was accomplished as part of the sample management and data comparison of the Idaho PRATS survey during 2008.
2. **Section Number:** Form19\_Indicator 09A  
**Field Name:** RecentMother  
**Row Name:** Survey of recent mothers at least every two years (like PRAMS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The Idaho PRATS, Pregnancy Risk Assessment Tracking System, is an annual survey of recent mothers sharing many questions and topics of the PRAMS survey. Idaho's smaller population makes the monthly data collection approach used by PRAMS cost prohibitive. The PRATS survey collects data over a three-month period.
3. **Section Number:** Form19\_Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Survey (YRBS)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
YRBS is administered and data maintained by the Idaho Department of Education since 2003. We do have a good working relationship with them and are able to request custom analysis from the data.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: ID**

**Form Level Notes for Form 11**

Birth records for Idaho 2008 not final as of entry. All birth data for 2008 are preliminary.

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2004	2005	<b>Annual Indicator Data</b>		2008
Annual Indicator	6.8	6.7	6.9	6.6	6.4
Numerator	1,538	1,544	1,676	1,643	1,582
Denominator	22,522	23,049	24,163	25,016	24,688

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Birth records for Idaho 2007 not final as of entry.

2. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Birth records for Idaho 2006 not final as of entry.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	5.1	5.0	5.2	4.9	4.9	
Numerator	1,104	1,119	1,213	1,201	1,169	
Denominator	21,764	22,366	23,415	24,267	23,949	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.2	1.1	1.2	1.1	1.0
Numerator	261	257	295	280	249
Denominator	22,522	23,049	24,163	25,016	24,688

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer  
than 5 and therefore a 3-year moving average cannot be  
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	0.9	0.7	0.9	0.8	0.7	
Numerator	186	166	207	197	178	
Denominator	21,764	22,366	23,415	24,267	23,949	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Birth records for Idaho 2007 not final as of entry.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>13.0</u>	<u>12.6</u>	<u>11.7</u>	<u>12.4</u>	<u>12.4</u>
<b>Numerator</b>	<u>40</u>	<u>39</u>	<u>38</u>	<u>42</u>	<u>42</u>
<b>Denominator</b>	<u>308,270</u>	<u>308,945</u>	<u>325,906</u>	<u>339,358</u>	<u>339,358</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	5.5	5.8	4.9	7.7	7.7
Numerator	17	18	16	26	26
Denominator	308,270	308,945	325,906	339,358	339,358

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.



**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
Annual Indicator	25.4	32.0	29.4	26.9	26.9
Numerator	56	72	64	58	58
Denominator	220,875	224,678	217,461	215,401	215,401

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008 death records not finalized at time of entry, 2007 final entered as best estimate.

2008 population not available at entry, used 2007 Census population estimate.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 death records not finalized at time of entry, 2006 final entered as best estimate.

2007 population not available at entry, used 2006 Census population estimate.

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	999	999	999	999	999
Numerator					
Denominator					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
Could not identify a realistic source of data.  
Entered 999 so that the form would save.
- Section Number:** Form20\_Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
Could not identify a realistic source of data.  
Entered 999 so that the form would save.
- Section Number:** Form20\_Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Could not identify a source of data.  
Entered 999 so that the form would save.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>448.6</u>	<u>406.9</u>	<u>360.5</u>	<u>336.8</u>	<u>310.3</u>
<b>Numerator</b>	<u>1,383</u>	<u>1,257</u>	<u>1,175</u>	<u>1,143</u>	<u>1,053</u>
<b>Denominator</b>	<u>308,270</u>	<u>308,945</u>	<u>325,906</u>	<u>339,358</u>	<u>339,358</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2008 data has not been finalized by IDT.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2007 data has not been finalized by IDT.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Population total not available at this time. Population for 2005 used to calculate rate.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>2,148.1</u>	<u>2,062.5</u>	<u>2,077.6</u>	<u>2,049.7</u>	<u>1,687.1</u>
<b>Numerator</b>	<u>4,757</u>	<u>4,634</u>	<u>4,518</u>	<u>4,415</u>	<u>3,634</u>
<b>Denominator</b>	<u>221,454</u>	<u>224,678</u>	<u>217,461</u>	<u>215,401</u>	<u>215,401</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Population total not available at this time. Population for 2007 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2008 data has not been finalized by IDT.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Population total not available at this time. Population for 2006 used to calculate rate.

Injuries reflect accidents classified as reportable by Idaho Dept of Transportation where age of injured, or possibly injured person is known. Injury count is also preliminary, 2007 data has not been finalized by IDT.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Population not available at this time. Used 2005 population as estimate for denominator.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	14.2	14.1	15.2	17.8	21.8
Numerator	752	771	829	972	1,189
Denominator	53,054	54,649	54,649	54,561	54,561

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Population estimate for 2007 not available, 2006 population estimate used.

**2. Section Number:** Form20\_Health Status Indicator #05A**Field Name:** HSI05A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Population estimate for 2006 not available, 2005 population estimate used.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
<b>Annual Indicator</b>	<u>5.7</u>	<u>5.5</u>	<u>6.4</u>	<u>6.7</u>	<u>7.3</u>
<b>Numerator</b>	<u>1,364</u>	<u>1,349</u>	<u>1,565</u>	<u>1,647</u>	<u>1,800</u>
<b>Denominator</b>	<u>238,590</u>	<u>244,149</u>	<u>244,149</u>	<u>245,389</u>	<u>245,389</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Population estimate for 2008 not available at entry time, 2007 population estimate used for denominator

**2. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007 population estimate not available, 2006 population estimate used.

**3. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 population estimate not available, 2005 population estimate used.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	24,352	22,421	338	358	312	38	885	0
Children 1 through 4	94,278	87,068	1,399	1,551	1,291	145	2,824	0
Children 5 through 9	111,753	102,744	2,014	1,947	1,404	186	3,458	0
Children 10 through 14	108,975	101,179	1,644	1,848	1,137	162	3,005	0
Children 15 through 19	110,959	104,398	1,146	1,969	879	162	2,405	0
Children 20 through 24	104,442	98,495	1,197	1,730	1,015	197	1,808	0
Children 0 through 24	554,759	516,305	7,738	9,403	6,038	890	14,385	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	20,474	3,878	0
Children 1 through 4	79,405	14,873	0
Children 5 through 9	94,903	16,850	0
Children 10 through 14	93,409	15,566	0
Children 15 through 19	97,872	13,087	0
Children 20 through 24	92,584	11,858	0
Children 0 through 24	478,647	76,112	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	17	11	0	1	0	0	2	3
Women 15 through 17	628	451	7	14	1	0	20	135
Women 18 through 19	1,632	1,371	6	44	6	1	45	159
Women 20 through 34	20,208	18,045	89	257	251	37	312	1,217
Women 35 or older	2,534	2,266	11	26	61	1	23	146
Women of all ages	25,019	22,144	113	342	319	39	402	1,660

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	6	10	1
Women 15 through 17	348	276	4
Women 18 through 19	1,245	378	9
Women 20 through 34	17,290	2,853	65
Women 35 or older	2,174	347	13
Women of all ages	21,063	3,864	92



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	169	143	2	4	4	0	3	13
Children 1 through 4	31	27	0	2	0	0	0	2
Children 5 through 9	11	8	0	0	0	0	0	3
Children 10 through 14	27	25	0	1	0	0	1	0
Children 15 through 19	83	70	0	3	1	0	1	8
Children 20 through 24	99	87	0	4	2	0	2	4
Children 0 through 24	420	360	2	14	7	0	7	30

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	139	30	0
Children 1 through 4	25	6	0
Children 5 through 9	5	6	0
Children 10 through 14	25	2	0
Children 15 through 19	69	14	0
Children 20 through 24	91	8	0
Children 0 through 24	354	66	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	450,317	417,810	6,541	7,673	5,023	693	12,577	0	2007
Percent in household headed by single parent	26.1	24.6	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.9	0.9	2.1	2.5	0.1	0.7	0.0	0.0	2008
Number enrolled in Medicaid	142,063	135,442	2,220	3,204	957	240	0	0	2008
Number enrolled in SCHIP	42,583	41,232	412	629	249	61	0	0	2008
Number living in foster home care	1,794	1,533	28	135	0	2	96	0	2007
Number enrolled in food stamp program	96,048	90,933	1,931	2,383	619	182	0	0	2008
Number enrolled in WIC	11,757	10,629	129	548	104	43	304	0	2008
Rate (per 100,000) of juvenile crime arrests	5,922.5	5,885.2	6,268.2	6,659.7	2,349.2	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.6	2.3	2.5	3.9	1.9	0.0	0.0	0.0	2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	386,063	64,254	0	2007
Percent in household headed by single parent	23.2	43.1	0.0	2008
Percent in TANF (Grant) families	0.8	1.3	0.0	2008
Number enrolled in Medicaid	113,134	28,929	0	2008
Number enrolled in SCHIP	31,966	10,617	0	2008
Number living in foster home care	1,481	313	0	2007
Number enrolled in food stamp program	75,591	20,457	0	2008
Number enrolled in WIC	8,808	3,669	0	2008
Rate (per 100,000) of juvenile crime arrests	5,613.1	5,288.4	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.3	5.2	0.0	2008

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	318,114
Living in rural areas	104,877
Living in frontier areas	27,326
<b>Total - all children 0 through 19</b>	<b>450,317</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,500,539.0
Percent Below: 50% of poverty	4.0
100% of poverty	10.0
200% of poverty	30.1

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: ID**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	462,965.0
Percent Below: 50% of poverty	6.5
100% of poverty	13.0
200% of poverty	39.0

## FORM NOTES FOR FORM 21

Birth records for 2008 not finalized at date of entry.

Idaho death data used for analysis and comparison with national and other state's rates are based on bridged race data. Bridged-race data for Idaho are categorized into the following categories: white, black, Asian and Pacific Islander, American Indian or Native Alaskan, or other race. Race data provided for OM 2 are based on bridged-race data and these differ from data for HSI 08A B based on multiple race.

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**

Source: Census Bureau, July 1, 2007 population estimates.

12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Census Bureau, July 1, 2007 population estimates.
13. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on results from Census current population survey at [http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html) with race, age and kind of family. Percentages not reported for Black, AI/AN, Asian, NHOPi because small sample sizes yield unreliable estimates. Other or unknown race not reported in census generated race table.
14. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
More than one race or other/unknown race information not collected/reported by responsible agency.
15. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
More than one race or other/unknown race information not collected/reported by responsible agency.
16. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
More than one race or other/unknown race information not collected/reported by responsible agency.
17. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
More than one race information not collected/reported by responsible agency
18. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on records submitted to PEDNSS
19. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
More than one race race information not collected/reported by responsible agency. Pacific Islander included in Asian. About 3.9 percent of all arrests are listed as unknown race; arrest rate cannot be calculated as we do not have a population denominator for unknown race.
20. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
More than one race or other/unknown race information not collected/reported by responsible agency. Pacific Islander included in Asian. For school year 2007-2008
21. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on results from Census current population survey at [http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html) with race, age and kind of family.
22. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSEthnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
About 6.0 percent of arrests are listed as unknown ethnicity; arrest rate cannot be calculated as we do not have a population denominator for unknown ethnicity.
23. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**

**Year:** 2010

**Field Note:**

Reporting agency does not report on ethnicity not reported. For school year 2007-2008.

**24. Section Number:** Form21\_Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Census Bureau, July 1, 2007 population estimates. Idaho has no designated metropolitan areas

**25. Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Census Bureau, July 1, 2007 population estimates.

**26. Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Census Bureau, July 1, 2007 population estimates.

**27. Section Number:** Form21\_Indicator 10

**Field Name:** Frontier

**Row Name:** Living in frontier areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Census Bureau, July 1, 2007 population estimates.

**28. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Results are from Census website Current Population Survey estimate for 2008.

**29. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Results are from Census website Current Population Survey estimate for 2008.

**30. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

Results are from Census website Current Population Survey estimate for 2008.

**31. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2010

**Field Note:**

Population total is as provided by Census Current Population Survey for 2008.

**32. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

Based on rates provided by Brian Baldwin.